Approved For Release 2004/02/04 : CIA-RDP85-00988R000600120015-8

**TAB** 

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## ATTACHMENT 6

## FULL-TIME OSH PROFESSIONALS

Directions: Complete this form for each full-time professional at both the headquarters and field levels indicated on Attachment 4. The professionals should be in the job series GS 803, 018, 019, 690, 804, and 081. Include agency and sub-agency identification in the work address.

NAME	CLASSIFIED	gernangung ung ung generaliya panang ang ang ang ang ang ang ang ang an		
TITLE				
JOB SERIES		GRADE LEVEL_		
WORK ADDRESS				
			and A	
TELEPHONE		(COMMERCIAL)		
· · · · · · · · · · · · · · · · · · ·		(FTS	(FTS OR OTHER)	